Well Construction Report
WISCONSIN UNIQUE WELL NUMBER 8FP460

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707

Form 3300-077A

Property Owner: ROBYN LINDER	Phone #
Mailing Address: 324 EAST WISCONSIN AVENUE	
City: MILWAUKEE	State: WI — Zip Code
County: Ozaukee	Co. Permit # — Notification # — Completed: 05-29-1979

1. Well Location

City of MEQUON	Fire # (if avail.): 624
Street Address or Road Name and Number: E CIRCLE DRIVE	
Subdivision Name	Lot # — Block #

Well Constructor (Business Name): ROBERT DEMERATH	Lic. #	Facility ID # (Public Wells)	Latitude / Longitude in Decimal Degree (DD) °N °W	Method Code
Address		Well Plan Approval #	SE SW or Govt Lot #	Section: 28 — Township: 9 N — Range: 22 E
		Approval Date (mm-dd-yyyy)		

2. Well Type New Well
of previous unique well # — constructed in
Reason for replaced or reconstructed well ?

Hicap Permanent Well #	Common Well #	Specific Capacity: 1.9

3. Well serves # of Home
Private,potable
Heat Exchange____# of drillholes

Hicap Well ?
Hicap Property ?
Hicap Potable ?
Construction Type

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
10	Surface	20
6	20	250

Upper Enlarged Drillhole — Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Yes — Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
  Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
C	Clay	Surface	149
G	Gravel	149	151
L	Limestone	151	250

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	Steel	Surface	151
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level
132 ft. _____ ground surface

10. Pump Test
Pumping level 140 ft. below surface
Pumping at 15 GP for 8 Hrs.
Pumping Method ?

11. Well Is
10 in. above grade
Developed ?
Disinfected ?
Capped ?

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
Drilling Mud and Cuttings	Surface	20	

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ?

Comment:

Created On: 01-01-1960 Updated On: 10-15-2026 Review Status: